



# Medicaid EHR Incentive Program

What You Need to Know about Program Year 2016

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## Agenda

- Attestation Reminders
- 2016
  - Dates to Remember
  - Attestation Tips
  - Meaningful Use Objectives and Measures
  - Alternate Attestation Method for Medicare Payment Adjustment
- 2017



## Dates to Remember

- March 13, 2017 – (CMS/Medicare) CY 2016 EHR Incentive Programs Attestation and eCQM Submission Deadline
- March 31, 2017 11:59 pm – Iowa Medicaid EHR Incentive Program Year 2016 Attestation Deadline
- April 1, 2017 – Iowa Medicaid EHR Incentive Program Year 2017 attestation begins
- [Other Dates to Remember](#)



## **LAST CHANCE**



## Medicaid EHR Incentive Program

- 2016 is the last program year to initiate participation in the Medicaid EHR incentive program



PIPP System

## **ATTESTATION TIPS**



## Attestation System

UserID:  
User Role:  
Provider:

My Profile Log Out

Home

Apply for Incentive (Attest)

Appeals

CMS Registration site

Dashboard

Document Type	Date Sent	User	Method
CMS Registration Received			E-mail
Activation Email			E-mail
Returned Attestation			E-mail
Returned Attestation			E-mail
Returned Attestation			E-mail
Returned Attestation			E-mail
Iowa EHR Incentive Payment Approved			E-mail
Generic Email			E-mail
EHR Incentive Program Returned Application – Provider Questions and/or Current Case Information			E-mail
EHR Incentive Program Returned Application – Insufficient EHR Documentation			E-mail
EHR Incentive Program Returned Application – Unable to Reconcile Patient Volume			E-mail
Electronic Health Record (EHR) Incentive Program – Status Inquiry			E-mail
EHR Incentive Program Returned Application – Meaningful Use Questions			E-mail

Correspondence:

Payment Year	Program Year	Payment Amount	Payment Date	Adj. Indicator	RA Number	TCN	Payee NPI

Payment History:

Current Status: Eligible Professional Application Pending

CMSReceived  
ApplicationPending  
ApplicationReturned  
ApplicationReview  
ApplicationReviewSecondary  
ApplicationReviewSupervisor  
PendingCMSReview  
ApplicationDenied  
ReadyForPayment  
PaymentRejectedCMS  
PaymentPending  
PaymentComplete  
CancelledByCMS

On this page, you will find a list of the correspondence sent to you by IME. In addition, you will be provided the status of your attestation.



# Iowa Department of Human Services

## Provider Email

### Email:



Hello,

The status of your attestation can be found by logging into [www.imeincentives.com](http://www.imeincentives.com) and then click on the Dashboard.

Attestations submitted to Iowa Medicaid EHR incentive program go through two complete and separate reviews to ensure all program criteria are met prior to payment being issued. The queues are worked on a first-in, first-out basis. If all criteria are found to be met, then the attestation is processed for payment.

If during the review the attestation is found to have issues or incomplete information, then the attestation is returned to the provider to make corrections and resubmit the attestation.

All communications regarding the attestation use the email address you entered at the CMS Registration and Attestation site (<https://ehrincentives.cms.gov/hitech/login.action>).

No attached files

Cancel





## Attestation System

### Provider Attestation

#### Current Case

Provider:

Address:

City/State:

Zip:

Email:

Alt Email:

Phone:

Status: Eligible Professional Application Pending

Provider Type:

NPI:

Payee NPI:

Tax Id:

Payee TaxId:

Status Date:

[Print](#)

Application ID:

Imported Data:

Program Year/ Payment Year : / 2016

MU Stage: 2

### Provider EHR Criteria

	Criteria	Status	Received Date	Denial Reason	Attested?
<a href="#">Attest</a>	Provider Questions	Pending			No
<a href="#">Attest</a>	EHR Questions	Pending			No
<a href="#">Attest</a>	Patient Volume Questions	Pending			No
<a href="#">Attest</a>	Meaningful Use Questions	Pending			No
<a href="#">Attest</a>	Meaningful Use Clinical Quality Measures	Pending			No



## Attestation Tips

- Are you currently enrolled to bill as an Iowa Medicaid provider? Yes/No
  - If you are enrolled as a referring/prescribing provider answer this question 'No'
  - This question should be answered how you have enrolled with Medicaid



## Attestation Tips

- Are you a Pediatrician?
  - For purposes of the Iowa Medicaid EHR incentive program the definition of pediatrician is: a physician who is board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics
  - Supporting documentation should be attached to the Provider Questions screen
  - Keep this definition in mind if you are attesting for patient volume as a group definition
  - 20% or greater Medicaid Patient Volume threshold



## Attestation Tips

- Do you practice in multiple locations?
  - See [Guide for Eligible Professionals Practicing in Multiple Locations](#)



## Attestation Tips

- EHR Supporting documentation
  - To qualify for the EHR incentive program, you must show that you have the current, required version of certified electronic health record technology (CEHRT).
  - A screenshot from CHPL is NOT acceptable
  - Each year



## Attestation Tips

### EHR Supporting documentation – can be a combination

- A page of the contract or lease showing the provider name or practice name and location of the practice, the vendor, and name of the certified EHR technology and the dated signature page.
- If your current contract/lease agreement requires the vendor to provide you with appropriate updates/upgrades including certified EHR technology, a signed and dated copy of amendment/attachment showing the installation of certified EHR technology. (Deployment Date of the CEHRT at your facility)
- A copy of your invoice or purchase order identifying the vendor and certified EHR technology being acquired and proof of payment.
- A dated and signed letter from the EHR vendor on the vendor's letterhead to the facility for which you are attesting, the facility name and address location stating that the facility has adopted/implemented/upgraded, the deployment date, the CEHRT version number as well as the facility signature



## **CALCULATING PATIENT VOLUME**



## Medicaid Patient Volume Medicaid Encounter Definition

- Services rendered on any one day to an individual enrolled in a Medicaid program





## Medicaid Patient Volume (MPV)

- For each payment year, EPs must meet one of the following conditions:
  - 30% MPV
    - \$21,250 in first year, and \$8,500 in subsequent years
  - 20% MPV for pediatricians
    - \$14,167 in first year, and \$5,667 in subsequent years
  - Needy PV
    - FQHC or RHC



## Medicaid Patient Volume (MPV)

- The Medicaid patient volume must be a continuous 90-day period from the previous calendar year
- i.e. Attest for 2016 program year, use a 90-day period from 2015 calendar year



## EP Patient Volume

- 42 CFR 495 Subpart D Section 495.306 - Establishing patient volume
- Methods:
  - Patient encounter
  - Patient panel



## Patient encounter method for EPs

- An EP must divide:
  - The total Medicaid patient encounters in any representative, continuous 90-day period in the preceding calendar year; by
  - The total patient encounters in the same 90-day period.



The patient volume guidebook can be found on the [DHS HIT/EHR webpage](#).

## **PATIENT VOLUME GUIDEBOOK**



## Patient Volume Guidebook

- Instructions
- Definitions
- Patient Volume Worksheet
- Group
- Patient Volume Example of Medicaid encounters



## **EHR & CQM REPORTING PERIODS**



## EHR Reporting Period

- 2016
  - 90 days for all 2016 attestations
- 2017
  - 90 days for all 2017 attestations
- The meaningful use EHR reporting period must be within the incentive payment year, which is based on the calendar year
- Example: To attest for a 2016 incentive payment, the EHR reporting period must be within calendar year 2016 (1/1/2016 – 12/31/2016)





## CQM Reporting Period

- 2016:
  - 90 days for all 2016 attestations
- 2017
  - 90 days for first time MU demonstrators
  - 365 days for all returning MU demonstrators



## Reporting Periods

Program Year	First Time Demonstrating MU (Y/N)	Length of CQM Reporting Period	Length of EHR Reporting Period
2016	Y	90 Days	90 Days
	N		
2017	Y	90 Days	90 Days
	N	Full Year	



## **2015-2017 MODIFICATION RULE MEANINGFUL USE**



## Legislation

- 2009: HITECH Act
- 2010: Stage 1 Final Rule
- 2012: Stage 2 Final Rule
- 2014: CEHRT Flexibility Final Rule
- 2015: Stage 3 and Modifications to Meaningful Use in 2015 through 2017 Final Rule

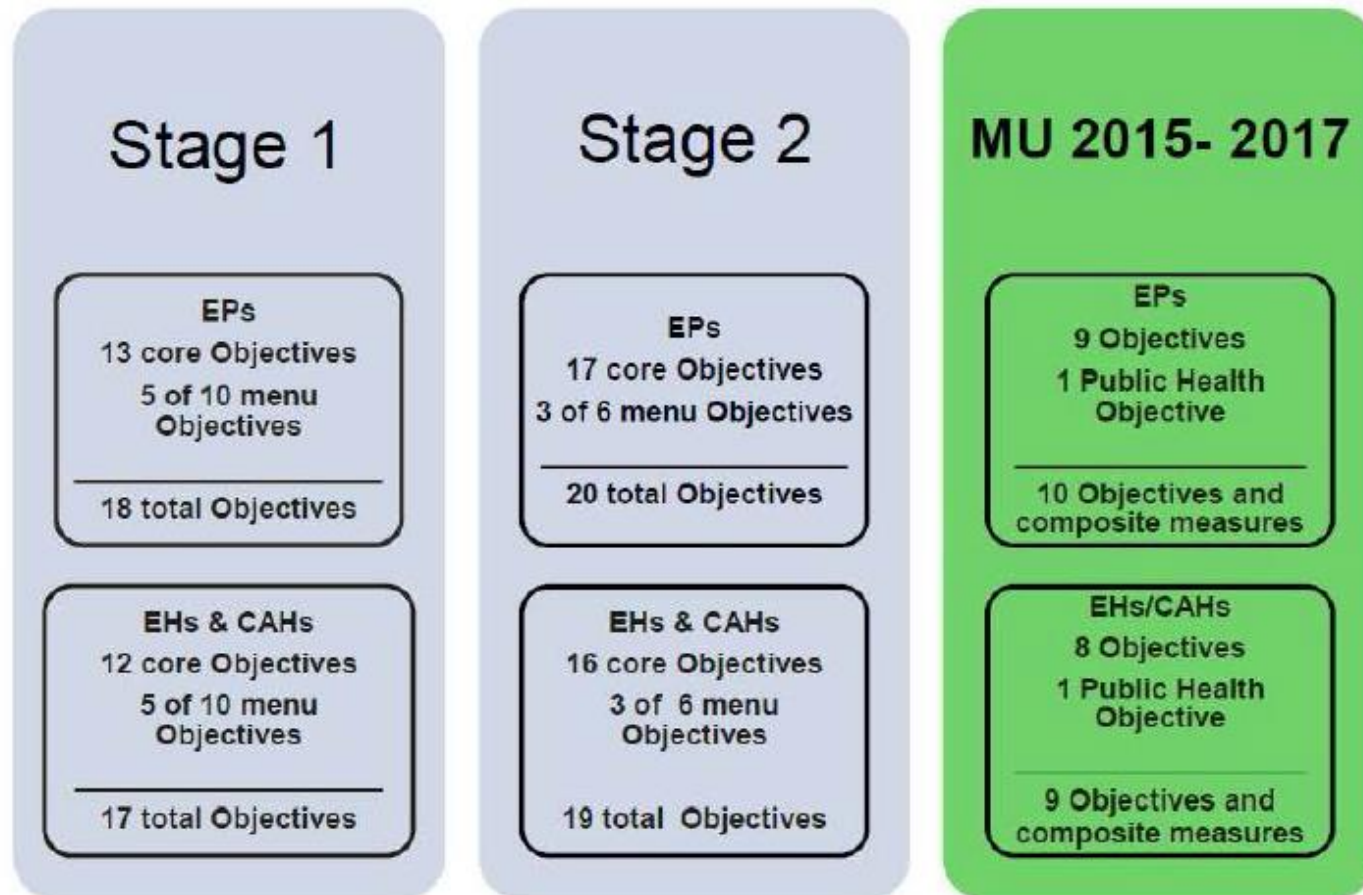


## Goals of MU Modifications

- Discontinue Stage 1 and 2 measures that were redundant, duplicative, and topped out
- Align with Stage 3 to achieve overall goals of the EHR Incentive Programs
- Synchronize reporting period, objectives and measures to reduce burden
- Continue to support advanced use of Health IT to improve outcomes for patients



## Changes to the Core and Menu Objectives





# Iowa Department of Human Services

**Table: Stage of Meaningful Use Criteria by First Year**

First Year Demonstrating Meaningful Use	Stage of Meaningful Use				
	2015	2016	2017	2018	2019 and Future Years
2011	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2012	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2013	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2014	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2015	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2016	NA	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2017	NA	NA	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2018	NA	NA	NA	Stage 3	Stage 3
2019 and Future Years	NA	NA	NA	NA	Stage 3



## **MEANINGFUL USE QUESTIONS**





# Iowa Department of Human Services

## Meaningful Use Questions

### Instructions



To qualify for an incentive payment the EP/EH must specify the EHR Reporting period, answer the general questions below and attest to each of the objectives.

Add Document

OK

Save and Exit

Cancel

#	Measure
GEN-1	<b>EHR Reporting Period</b> <input type="text"/>  <input type="text"/> 
GEN-2	<p>At least 80% of unique patients must have their data in the certified EHR technology during the EHR Reporting Period. How many of your unique patients seen during the EHR Reporting Period have their data in the certified EHR technology?</p> <p><b>Numerator:</b> Number of patients in the denominator with data maintained in a certified EHR during the EHR reporting period. <b>Numerator:</b> <input type="text"/></p> <p><b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period. <b>Denominator:</b> <input type="text"/></p> <p><b>Percentage:</b> <input type="text"/></p>
GEN-3	<b>What is the principal county in which you practice?</b> <input type="text"/>
GEN-4	<b>Select the specialty that best describes your individual scope of practice</b> <input type="text"/>



## 2016 Program Requirements

- All providers are required to attest to a single set of objectives and measures
- For EPs, there are 10 objectives, including one consolidated public health reporting objective
- In 2016, all providers must attest to objectives and measures using EHR technology certified to the 2014 or 2015 Edition







## 2016 Alternate Exclusions

- EPs that were scheduled to be in Stage 1 in 2016 may claim an alternate exclusion for Objective 3: Computerized Provider Order Entry, Measures 2 and 3 (lab and radiology orders), or choose the modified Stage 2 objective and measures.
- Providers scheduled to be in Stage 1 and Stage 2 in 2016 may claim an alternate exclusion for the Public Health Reporting measure(s) that might require acquisition of additional technologies that they did not previously have or did not previously intend to include in their activities for meaningful use. EPs may claim an alternate exclusion for measure 2 (syndromic surveillance) and measure 3 (specialized registry reporting).



## MU Questions – General ?s

Meaningful Use Questions	
<a href="#">Instructions</a> To qualify for an incentive payment the EP/EH must specify the EHR Reporting period, answer the general questions below and attest to each of the objectives.	
#	Measure
GEN-1	EHR Reporting Period <input type="text"/>  <input type="text"/> 
GEN-2	<b>Objective:</b> How many of your unique patients seen during the EHR Reporting Period have their data in the certified EHR technology?  <div> <b>Numerator:</b> Number of patients in the denominator with data maintained in a certified EHR during the EHR reporting period. <b>Numerator:</b> <input type="text"/> </div> <div> <b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period. <b>Denominator:</b> <input type="text"/> </div> <div> <b>Percentage:</b> <input type="text"/> </div>
GEN-3	What is the principal county in which you practice? <input type="text"/> 
GEN-4	Select the specialty that best describes your individual scope of practice <input type="text"/> 




## Objective 1

### Protect Patient Health Information

- Measure: Conduct or review a security risk analysis, including:
  - Address security of ePHI
  - Implement security updates
  - Correct identified security deficiencies
- Note: If you did not complete the SRA, do not attest to doing so, as the audit will result in negative findings
- Resources:
  - [Security Risk Analysis Tip Sheet](#)
  - [Security Risk Assessment Guidance](#)



## Protect Patient Health Information

1 Protect Patient Health Information § 495.22 (e)(1)(i)	<b>Objective:</b> Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.
	<b>Measure:</b> Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2) (iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.
	Did you achieve this objective by meeting the measure? <input type="radio"/> Yes <input type="radio"/> No
	<b>a: Enter the date of the most recent SRA:</b> <input type="text"/> 
	<b>b: Who completed the most recent SRA?</b> <b>Name:</b> <input type="text"/> <b>Title:</b> <input type="text"/>
	<b>c: Was an inventory list prepared of all hardware and software that creates, receives, maintains or transmits Electronic Personal Health Information (ePHI)?</b> <input type="radio"/> Yes <input type="radio"/> No
	<b>d: Has a final report and/or corrective action plan(s) been documented for all significant deficiencies noted during the SRA, including target dates for implementation? Note: Corrective actions must be completed prior to the submission of your next attestation.</b> <input type="radio"/> Yes <input type="radio"/> No
	<b>e: Did you attach the Security Risk assessment to this page?</b> <input type="radio"/> Yes <input type="radio"/> No



## Objective 2

### Clinical Decision Support

- Measure 1: Implement 5 clinical decision support interventions
- Measure 2: Enable and implement the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period



## Clinical Decision Support

2  
Clinical Decision  
Support  
§ 495.22 (e)(2)(i)

**Objective:** Use clinical decision support to improve performance on high-priority health conditions.

In order for EPs to meet the objective they must satisfy both of the following measures:

**Measure 1:** Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP, eligible hospital's or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

Did you achieve this objective by meeting the measure?

☐ Yes ☐ No

**Measure 2:** The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.

Did you achieve this objective by meeting the measure?

☐ Yes ☐ No

**Exclusion:** An EP who writes fewer than 100 medication orders during the EHR reporting period may be excluded from measure 2 of this objective.

Does the Exclusion to Measure 2 of this objective apply to you?

☐ Yes ☐ No

**CDS Rule 1:** Name a clinical decision supported by your EHR Technology.

**CDS Rule 2:** Name a clinical decision supported by your EHR Technology.

**CDS Rule 3:** Name a clinical decision supported by your EHR Technology.

**CDS Rule 4:** Name a clinical decision supported by your EHR Technology.

**CDS Rule 5:** Name a clinical decision supported by your EHR Technology.





## Objective 3

### Computerized Provider Order Entry

- Measure 1: More than 60% of medication orders
- Measure 2: More than 30% of laboratory orders
- Measure 3: More than 30% of radiology orders



## CPOE – Alternate Exclusions

- EPs that were scheduled to be in Stage 1 in 2016 may claim an alternate exclusion for Objective 3: Computerized Provider Order Entry, Measures 2 and 3 (lab and radiology orders), or choose the modified Stage 2 objective and measures.
- Only providers scheduled to be in Stage 1 in 2016 will be presented with the alternate exclusion



# Iowa Department of Human Services

3  
Computerized Provider Order  
Entry (CPOE)  
§ 495.22 (e)(3)(i)

**Objective:** Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional that can enter orders into the medical record per state, local, and professional guidelines.

**Measure 1:** More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Exclusion:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.

Does the Exclusion to Measure 1 apply to you?

☐ Yes ☐ No

**Numerator:** The number of orders in the denominator recorded using CPOE.

**Numerator:**

**Denominator:** Number of medication orders created by the EP during the EHR reporting period.

**Denominator:**

**Percentage:**

**Measure 2:** More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Exclusion:** Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

**Alternate Exclusion:** Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.

Does the Exclusion to Measure 2 apply to you?

☐ Yes ☐ No

Does the Alternate Exclusion to Measure 2 apply to you?

☐ Yes ☐ No

**Numerator:** The number of orders in the denominator recorded using CPOE.

**Numerator:**

**Denominator:** Number of laboratory orders created by the EP during the EHR reporting period.

**Denominator:**

**Percentage:**

**Measure 3:** More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Exclusion:** Any EP who writes fewer than 100 radiology orders during the EHR reporting period.

**Alternate Exclusion:** Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.

Does the Exclusion to Measure 3 apply to you?

☐ Yes ☐ No

Does the Alternate Exclusion to Measure 3 apply to you?

☐ Yes ☐ No

**Numerator:** The number of orders in the denominator recorded using CPOE.

**Numerator:**

**Denominator:** Number of radiology orders created by the EP during the EHR reporting period.

**Denominator:**

**Percentage:**

**The denominator data was extracted:**

- ☐ from ALL patient records, not just those maintained using certified EHR technology.  
☐ only from patient records maintained using certified EHR technology.



## Objective 4: Electronic Prescribing

- Measure: More than 50% of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT
- Exclusion 1: Writes fewer than 100 permissible prescriptions during the EHR reporting period
- Exclusion 2: Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.



## Electronic Prescribing

<p>4 Electronic Prescribing (eRx) § 495.22 (e)(4)(i)</p>	<b>Objective:</b> Generate and transmit permissible prescriptions electronically (eRx).		
	<b>Measure:</b> More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.		
	Any EP who: <b>Exclusion 1:</b> Writes fewer than 100 permissible prescriptions during the EHR reporting period; or  <b>Exclusion 2:</b> Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.		
	<b>Does Exclusion 1 to this measure apply to you?</b>	<input type="radio"/> Yes <input type="radio"/> No	
	<b>Does Exclusion 2 to this measure apply to you?</b>	<input type="radio"/> Yes <input type="radio"/> No	
	<b>Numerator:</b> The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.	<b>Numerator:</b> <input type="text"/>	
	<b>Denominator:</b> Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.	<b>Denominator:</b> <input type="text"/>	
			<b>Percentage:</b>
<b>The denominator data was extracted:</b> <input type="radio"/> from ALL patient records, not just those maintained using certified EHR technology. <input type="radio"/> only from patient records maintained using certified EHR technology.			



## Objective 5: Health Information Exchange

- Measure: The EP that transitions or refers their patient to another setting of care or provider of care must
  1. use CEHRT to create a summary of care record; and
  2. electronically transmit such summary to a receiving provider for more than 10% of transitions of care and referrals.
- Exclusion: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.



## Health Information Exchange

**Objective:** The EP, eligible hospital or CAH who transitions a patient to another setting of care or provider of care or refers a patient to another provider of care provides a summary care record for each transition of care or referral.

**Measure:** The EP who transitions or refers his or her patient to another setting of care or provider of care must do the following:

- (1) Use CEHRT to create a summary of care record.
- (2) Electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

**Exclusion:** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

**Does the Exclusion to this measure apply to you?**

☐ Yes ☐ No

**Numerator:** The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.

**Numerator:**

**Denominator:** Number of transitions of care and referrals during the EHR reporting period for which the EP or eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

**Denominator:**

**Percentage:**

**The denominator data was extracted:**

- ☐ from ALL patient records, not just those maintained using certified EHR technology.
- ☐ only from patient records maintained using certified EHR technology.

5  
Health Information  
Exchange  
§ 495.22 (e)(5)(i)



## Objective 6: Patient Specific Education

- Measure: Patient specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.
- Exclusion: Any EP who has no office visits during the EHR reporting period.





## Patient Specific Education

6 Patient Specific Education § 495.22 (e)(6)(i)	<b>Objective:</b> Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.		
	<b>Measure:</b> Patient specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.		
	<b>Exclusion:</b> Any EP who has no office visits during the EHR reporting period.		
	<p><b>Does the Exclusion to this measure apply to you?</b> <input type="radio"/> Yes <input type="radio"/> No</p> <p><b>Numerator:</b> Number of patients in the denominator who were provided patient-specific education resources identified by the CEHRT. <b>Numerator:</b> <input type="text"/></p> <p><b>Denominator:</b> Number of unique patients with office visits seen by the EP during the EHR reporting period. <b>Denominator:</b> <input type="text"/></p> <p><b>Percentage:</b> <input type="text"/></p>		



## Objective 7: Medication Reconciliation

- Measure: The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.
- Exclusion: Any EP who was not the recipient of any transitions of care during the EHR reporting period.



## Medication Reconciliation

7 Medication Reconciliation § 495.22 (e)(7)(i)	<b>Objective:</b> The EP that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.		
	<b>Measure:</b> The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.		
	<b>Exclusion:</b> Any EP who was not the recipient of any transitions of care during the EHR reporting period.		
	<b>Does the Exclusion to this measure apply to you?</b>		<input type="radio"/> Yes <input type="radio"/> No
	<b>Numerator:</b> The number of transitions of care in the denominator where medication reconciliation was performed.	<b>Numerator:</b>	<input type="text"/>
<b>Denominator:</b> Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.	<b>Denominator:</b>	<input type="text"/>	
	<b>Percentage:</b>	<input type="text"/>	
<b>The denominator data was extracted:</b> <input type="radio"/> from ALL patient records, not just those maintained using certified EHR technology. <input type="radio"/> only from patient records maintained using certified EHR technology.			



## Objective 8: Patient Electronic Access

- Must satisfy both measures to meet the objective:
- Measure 1: More than 50% of all unique patients are provided timely access to view online, download, and transmit their health information to a third party
- Measure 2: At least 1 patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period



## Objective 8: Patient Electronic Access

- Exclusions: Any EP who
- Neither orders nor creates any of the information listed for inclusion as part of the measures; or
- Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.
  - Exclusion 2 does not apply to Iowa providers
  - See [Broadband Access Exclusions Tip Sheet](#)



## Objective 8: Patient Electronic Access

**Objective:** Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

**NOTE:** EPs must satisfy both objectives to meet the measure.

**Measure 1:** More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

**Measure 2:** For an EHR reporting period in 2015 and 2016, at least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.

Any EP who:

**Exclusion 1:** Neither orders nor creates any of the information listed for inclusion as part of the measures; or

**Exclusion 2:** Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Details on the availability of broadband access for your community can be found at:

[The National Broadband Map \(NBM\)](#)

Does Exclusion 1 to the entire objective apply to you?

☐ Yes ☐ No

Does Exclusion 2 to the 2nd measure apply to you?

☐ Yes ☐ No

**Measure 1 Numerator:** The number of patients in the denominator who have access to view online, download and transmit their health information within 4 business days after the information is available to the EP.

**Numerator:**

**Measure 1 Denominator:** Number of unique patients seen by the EP during the EHR reporting period.

**Denominator:**

**Percentage:**

**Measure 2 Numerator:** The number of patients in the denominator (or patient-authorized representative) who view, download, or transmit to a third party their health information.

**Numerator:**

**Measure 2 Denominator:** Number of unique patients seen by the EP during the EHR reporting period.

**Denominator:**

**Percentage:**



## Objective 9: Secure Messaging

- Measure: For an EHR reporting period in 2016, for at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.



## Objective 9: Secure Messaging

- Exclusion 1: Has no office visits during the EHR reporting period; or
- Exclusion 2: Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.
  - Exclusion 2 does not apply to Iowa providers
  - See [Broadband Access Exclusions Tip Sheet](#)

-





## Secure Messaging

**Objective:** Use secure electronic messaging to communicate with patients on relevant health information.

**Measure:** For an EHR reporting period in 2016, for at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.

Any EP who:

**Exclusion 1:** Has no office visits during the EHR reporting period; or

**Exclusion 2:** Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Details on the availability of broadband access for your community can be found at:

[The National Broadband Map \(NBM\)](#)

Does Exclusion 1 apply to you?

☐ Yes ☐ No

Does Exclusion 2 apply to you?

☐ Yes ☐ No

**Numerator:** The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative).

**Numerator:**

**Denominator:** Number of unique patients seen by the EP during the EHR reporting period.

**Denominator:**

**Percentage:**



## Objective 10: Public Health Reporting

- **Instructions:** In order to meet the objective an EP must choose a minimum of 2 measures from measures 1 through 3. The EP may attest to measure 3 more than one time to satisfy this requirement. Any provider that cannot meet the minimum threshold of 2 measures must qualify for an exclusion to all the remaining measures. These measures may be met by any combination in accordance with applicable law and practice.
- Measure 1 (Immunization): Active engagement with a public health agency to submit immunization data
- Measure 2 (Syndromic Surveillance): Active engagement with a public health agency to submit syndromic surveillance data
- Measure 3 (Specialized): Active engagement to submit data to a specialized registry



## Objective 10: Public Health Reporting

- [IDPH Readiness](#)
- [Public Health Meaningful Use Letter 2016.07.01](#)
- [Eligible Professionals: Public Health Reporting in 2016](#)



## Objective 10: Public Health Reporting

- Alternate Exclusions for an EHR reporting period in 2016:
- Measure 2 (syndromic surveillance)
- Measure 3 (specialized registry reporting)
- [FAQ 14397](#) – Claiming an alternate exclusion in 2016
- [FAQ 13653](#) – Specialized registry



## Active Engagement

- Completed registration to submit data
- Testing and Validation
- Production



## Objective 10 - Measure 1

**Measure 1: Immunization Registry Reporting:** The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data.

Any EP who:

**Exclusion 1:** Does not administer any immunizations to any of the populations for which data is collected by his or her jurisdiction's immunization registry or immunization information system during the EHR reporting period.

**Exclusion 2:** Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of his or her EHR reporting period.

**Exclusion 3:** Operates in a jurisdiction in which no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.

Does Exclusion 1 apply to you?

☐ Yes ☐ No

Does Exclusion 2 apply to you?

☐ Yes ☐ No

Does Exclusion 3 apply to you?

☐ Yes ☐ No

Did you achieve this objective by meeting the measure?

☐ Yes ☐ No

**Choose the best description of how you met this measure from the options below:**

☐ Option 1 - Completed Registration to Submit Data

☐ Option 2 - Testing and Validation

☐ Option 3 - Production

The EP, eligible hospital, or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation.

The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.



## Objective 10 - Measure 2

**Measure 2: Syndromic Surveillance Reporting:** The EP is in active engagement with a public health agency to submit syndromic surveillance data.

Any EP who:

**Exclusion 1:** Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.

**Exclusion 2:** Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

**Exclusion 3:** Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.

**Alternate Exclusion:** An EP may claim an exclusion for measure 2 (syndromic surveillance) for an EHR reporting period in 2016.

Does Exclusion 1 apply to you? ☐ Yes ☐ No

Does Exclusion 2 apply to you? ☐ Yes ☐ No

Does Exclusion 3 apply to you? ☐ Yes ☐ No

Does the Alternate Exclusion apply to you? ☐ Yes ☐ No

Did you achieve this objective by meeting the measure? ☐ Yes ☐ No

**Choose the best description of how you met this measure from the options below:**

☐ Option 1 - Completed Registration to Submit Data

☐ Option 2 - Testing and Validation

☐ Option 3 - Production

The EP, eligible hospital, or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation.

The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.



## Objective 10 - Measure 3

**Measure 3: Specialized Registry Reporting:** The EP is in active engagement to submit data to specialized registry.

Any EP who:

**Exclusion 1:** Does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period.

**Exclusion 2:** Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

**Exclusion 3:** Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

**Alternate Exclusion:** An EP may claim an exclusion for measure 3 (specialized registry reporting) for an EHR reporting period in 2016.

Does Exclusion 1 apply to you?

☐ Yes ☐ No

Does Exclusion 2 apply to you?

☐ Yes ☐ No

Does Exclusion 3 apply to you?

☐ Yes ☐ No

Does the Alternate Exclusion apply to you?

☐ Yes ☐ No

Did you achieve this objective by meeting the measure?

☐ Yes ☐ No

Please identify the Specialized Registry to which electronic case reports were sent:

Choose the best description of how you met this measure from the options below:

☐ Option 1 - Completed Registration to Submit Data

☐ Option 2 - Testing and Validation

☐ Option 3 - Production

The EP, eligible hospital, or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation.

The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

If attesting to Measure 3 twice, please identify the second Specialized Registry to which electronic case reports were sent. Otherwise leave blank.

Choose the best description of how you met this measure from the options below:

☐ Option 1 - Completed Registration to Submit Data

☐ Option 2 - Testing and Validation

☐ Option 3 - Production

The EP, eligible hospital, or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation.

The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.





## Specialized Registry Reporting

- Step 1: Check with state registries available
- Step 2: Check with specialty societies with which you are affiliated and see if they have an endorsed registry
- Document your own circumstances



## AUDIT



## Program Integrity

- Providers must retain all supporting documentation for attestations for no less than six years after each payment year.
  - Examples:
    - Security Risk Assessments/Policies/Procedures
    - Date-stamped reports generated from the EHR system
      - Screenshots to document the EHR system's interface
        - » drug/drug and drug/allergy interaction checks, clinical decision support rules, drug formulary, etc.
    - Dated correspondence with the public health registries
    - Patient Volume – proving numerator and denominator



Avoid Medicare Payment Penalty

## **ALTERNATE ATTESTATION METHOD**



## Medicare Payment Adjustment

- [Payment Adjustment & Hardship](#)
- [2017 Medicare Electronic Health Record \(EHR\) Incentive Program Payment Adjustment Fact Sheet for Eligible Professionals](#)



## Medicare Payment Adjustment

Payment Adjustment Year	2016	2017	2018
EHR Reporting Period	2014	2015	2016



## Medicaid EP's - Avoid Medicare Payment Adjustment Option

- Alternate method of demonstrating MU for certain Medicaid providers
- Attest through the Medicare R&A system
- No incentive payment
- Does not constitute a 'switch' of programs
- Attest only one place per incentive program year (Medicaid or Medicare R&A)



## Attest at Medicare R&A site to avoid payment adjustment

- In Medicaid system, treated as if the EP had not attested to MU
  - EHR reporting period for subsequent years NOT determined by use of alternate method (Medicare R&A attestation)
  - 6 years of eligibility total for Medicaid incentive program





## Example:

- An EP could still have a 90-day EHR reporting period for the Medicaid EHR Incentive Program for their first year of demonstrating meaningful use even though they had demonstrated meaningful use through this alternate method in a previous year.



## Medicare Payment Adjustment

- If EP successfully attests to Medicaid for MU payment, Medicaid will report the attestation to Medicare; the provider avoids the payment penalty



## **2017 PROGRAM YEAR**



## 2017 Program Year Reporting Dates

- AIU
  - Last Chance was 2016 incentive year to enter the Medicaid EHR incentive program, no more AIU or new entrants to the program allowed
- MU Year 1 – 90 day reporting
  - Begin attestation April 1, 2017 through 2017 tail period (TBD)
  - 90-day reporting for EHR and CQM
- MU Year 2 and beyond
  - 90-day EHR reporting period or greater
  - CQM Full calendar year reporting
  - Begin attestation in January 2018 through 2017 tail period (TBD)



## 2017 Meaningful User Updates EHR Questions

- Supporting Health Care Providers with the Performance of Certified EHR Technology (SPPC)
- Support for health information exchange and the prevention of information blocking



# Iowa Department of Human Services

3. The Final Rule updates the definition of Meaningful Use to include Supporting Health Care Providers with the Performance of Certified EHR Technology (SPPC). To engage in activities related to supporting providers with the performance of CEHRT, you:

3a: Must attest that:

- ☐ (i) I acknowledge the requirement to cooperate in good faith with ONC direct review of CEHRT and, (ii) if requested I will permit timely access to such technology and demonstrate its capabilities as implemented and used in the field.

3b: May optionally attest that:

- ☐ (i) I acknowledge the option to cooperate in good faith with ONC-ACB surveillance of CEHRT and, (ii) if requested I will permit timely access to such technology and demonstrate its capabilities as implemented and used in the field.

4. The Final Rule also updates the definition of Meaningful Use to include support for health information exchange and the prevention of information blocking. For the EHR reporting period you must attest to the following:

- 1) I did not knowingly or willfully take action to limit or restrict the compatibility or interoperability of the CEHRT.
- 2) The CEHRT, at all relevant times, (i) was connected in accordance with applicable law, (ii) compliant with all standards applicable to the exchange of information, (iii) allowed for timely access by patients to their electronic health information, and (iv) allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers, and other CEHRT technology and vendors.
- 3) I responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information.

Do you so attest: ☐ Yes

☐ No



## EHR Questions

The system has determined you are using a 2015 Edition CEHRT or a 2015 Hybrid Edition of CEHRT (that is, a combination of the 2014 and 2015 Editions of CEHRT).

### FOR 2017 ONLY:

A provider who has technology certified to the 2015 Edition may attest to

- (1) The modified Stage 2 requirements; or
- (2) Stage 3 requirements.

A provider who has technology certified to a combination of 2015 Edition and 2014 Edition may attest to:

- (1) The modified Stage 2 requirements; or
- (2) The Stage 3 requirements if the mix of certified technologies does not prohibit the provider from meeting the Stage 3 objectives and measures.

Please select the stage to which you will attest in 2017:

☐ Modified Stage 2 ☐ Stage 3



## EHR Questions

### Warning:

Changing the Stage to which you wish to attest will reset the Meaningful Use Questions screen. Click OK to proceed.

OK

Cancel





## Medicaid Participation Timeline

- 2016: 90-day reporting period for EHR and CQMs
  - Attest to modified version of Stage 2
  - Certain measures have alternate exclusions
- 2017:
  - First year MU – EHR and CQM reporting 90 days
  - Returning MU – 90-day EHR and Full Year CQM
  - Attest to modified version of Stage 2 or Stage 3
- 2018: First year MU 90 days; all other full year
  - Attest to Stage 3
  - Must use 2015 CEHRT



## Sources

- [CMS EHR Incentive Program website](#)
- [DHS HIT/EHR website](#)



Email: [IMEincentives@dhs.state.ia.us](mailto:IMEincentives@dhs.state.ia.us)

## QUESTIONS?